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ABSTRACT

This paper describes a Patient Satisfaction survey and database used to measure and report on physician performance at the Ohio State University Health System (OSUHS). The OSUHS averages 6,000 inpatients in any given month, and more than 7,000 emergency patients and 70,000 outpatient encounters. Data from the Patient Satisfaction measures are disseminated through structured monthly and quarterly reports to clinical and administrative leaders. A recently increased focus on patient satisfaction improvement resulted in the development of a Physician's Report, which contains quantitative data that include all physician data variables measured with the Patient Satisfaction tool and qualitative data from interviewed patients. The process of creating this report was multilayers. It invoked participation and input from many administrative and clinical areas. This paper discusses the insights of assessment and reporting tools, focusing on the OSUHS tools, and the handing of patient satisfaction-based information. (Contains 3 tables and 11 references.) (SLD)

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Measuring and Reporting Physician's Performance in a University Medical Center

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The Ohio State University Medical Center

TM035362

Mid-Western Educational Research Association Meeting
MWERA

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ABSTRACT

The Ohio State University Health System (OSUHS) is located in Columbus, Ohio, part of The Ohio State University Medical Campus (OSUMC). The OSUHS encompasses four (five by 2004) hospitals and 18 outpatient medical offices distributed throughout central Ohio. The hospitals are:

(1) The Ohio State University Medical Center (on campus)
(2) The Arthur G. James Cancer Hospital and Solove Research Institute (on campus)
(3) The Ohio State University Hospital East
(4) OSU & Harding Behavioral Healthcare and Medicine (on campus)
(5) The Richard M. Ross Heart Hospital (on campus by 2004, currently in construction)
(6) The OSU Primary Care Network (physician offices)

In any given month, the OSUHS averages six thousand inpatients, over seven thousand emergency patients, and over 70 thousand outpatient encounters. With an administrative staff of 5,400 and a medical staff of around 1,500 including physicians and residents, the OSUHS maintains an extensive and intensive program to measure patient satisfaction.

The OSUHS Department of Quality and Operations Improvement coordinates the Patient Satisfaction survey and database, which were implemented in the late 1980's. In a continuous process of improvement and update, an effort coordinated by both the Quality Director and the Patient Satisfaction Manager, the OSUHS Patient Satisfaction survey and database maintains consistent measures designed to provide historic and developmental data.

Data resulting from the Patient Satisfaction measures are disseminated through structured monthly and quarterly reports distributed to clinical and administrative leaders. Ad-hoc reports and data drill-downs are provided as needed to clarify or further explore variation of the data. Patient satisfaction measurement is such an important administrative topic at The Ohio State University Medical Center that administrative goals have been set in yearly turn-around timelines based upon such data.

A recently increased focus on patient satisfaction improvement generated the need to provide focused and specific data to the clinical staff. The effort culminated with the creation of a Physicians' Report by the end of 2002. The OSUHS Physicians' Report is distributed among Department Chairs and Division Heads. It contains quantitative data including all physicians variables measured with the OSUHS Patient Satisfaction tool and qualitative data including verbatims from interviewed patients addressing physician and medical student issues.

The process of creating the OSUHS Physicians' Report was multi-layered and invoked participation and input from many administrative and clinical areas. The aim was at providing concise and useful information in a user-friendly format. Maintaining open doors to improvement opportunities, the OSUHS Department of Quality and Operations Improvement, through the Patient Satisfaction Manager, is continuously occupied in the

process of modifying and updating the Physicians' Report, while yet maintaining consistent measures for historic analysis to fulfill information needs of the clinical staff, as well as to help in administrative decision-making. This paper will: (1) share applications of social sciences research perspectives in a medical care field; (2) share insights of assessment and reporting tools; (3) share strategies to maximize report utilization; (4) share insights of the OSUHS patient satisfaction measurement tool as it relates to physicians' performance measurement; (5) share insights into the information needs of clinical staff; as well as (6) the handling of patient satisfaction-based information.

Introduction

Measuring patient satisfaction has been a focus of the University Medical Center since the early 1980's. In 1997 the data collection method changed from mailed to telephone surveys. A research vendor was contracted and, along with the University Medical Center Department of Quality and Operations Improvement, developed the data collection instrument, method, and processes that exist now. The CEO and Board of the Hospital had identified patient satisfaction as a top institutional priority.

Every month approximately 1,000 patients of University Medical Center are interviewed over the phone by trained interviewers. These patients are randomly selected from a database sent by the University Medical Center to the research vendor bi-monthly. The database, set by the University Medical Center Information System Department, is extracted from the medical and administrative records by the information systems and contains the data necessary for the vendor to assess patient type, along with the variables necessary for reporting, such as medical service, nursing unit, dates of admission and discharge, age, gender, attending physician. Patients are interviewed within 15 days to a month after discharge. To comply with recently issued and mandatory regulations of the Health Insurance Portability and Accountability Act of 1999 (HIPAA), patients' identification numbers are scrambled before being sent to the survey vendor to protect patients' privacy. The questions vary by patient type (inpatient, outpatient, emergency patients), and collect both quantitative and qualitative data. The Inpatient questionnaire contains 27 questions plus five unit-specific modules. Each selected patient is called up to four times to correct for non-response error. The response rate is 80%. It takes approximately 15 minutes for each patient interview. The data collection instrument has been tested for validity and reliability (Table 1).

High-level patient satisfaction quantitative data reports are distributed monthly and quarterly to health system and business unit administrators. Quarterly reports contain detailed data at the discharge unit level, therefore that report is also distributed among nursing unit managers. Qualitative data is distributed monthly to staff and medical administrators. Optimally, upon distribution of the reports, team leaders share the data with staff aiming at improvement and at creating action plans to meet administrative benchmarks.

A set of core questions are consistently asked across patient categories (Inpatient, Outpatient, Physician offices' patients, and Emergency) and aggregated for an OSU Health System score measured and monitored by the Patient Satisfaction survey:

- Overall Satisfaction
- Willingness to Recommend
- Overall Satisfaction with Physicians
- Overall Satisfaction with Nursing
- Overall Satisfaction with Communication from the healthcare team
- Satisfaction with Coordination of Care
- Satisfaction with how the healthcare team managed pain

Patient satisfaction qualitative data is distributed not only among clinicians and administrators working directly with patients, but is also shared with staff as appropriate. If there is a positive comment made about a staff member, that staff member is recognized. If there is an area for improvement, this is addressed too. By sharing patient satisfaction data with the staff, these individuals become more aware of the importance of their roles in achieving patient satisfaction. The data is presented, as available, in monthly and quarterly staff meetings in chart form, so that staff can monitor improvements and incorporate the importance of patient satisfaction into their daily practice.

Other patient satisfaction measurement initiatives are included but not limited to: (1) nurse managers rounds; (2) a staff recognition survey postcard attached to the TV guide distributed for inpatients, and (3) staff initiated paper surveys collected in a few specific service units. It is the responsibility of the OSUHS Quality and Operations Improvement Department, specifically the Patient Satisfaction manager, to collect, analyze and report any patient satisfaction related data.

OSUHS patient satisfaction instrument evidence of criteria

The current OSUHS Inpatient questionnaire has being used, and has been in a constant process of improvement since 1997. Its current database includes close to 60,000 records. It measures ten constructs:

1. Waiting
2. Admissions,
3. Physicians,
4. Nursing,
5. Nutrition and dietetics,
6. Environment,
7. Discharge,
8. Teamwork,
9. Pain, and
10. Safety.

The OSUHS Inpatient Satisfaction questionnaire also measures service recovery with a few questions that might require further information, such as "Overall Waiting Time", "Satisfaction with Pain Management", "Willingness to Recommend", "Team Communication", and "Coordination of Care". The objective of the service recovery is to gain a deeper understanding of issues raised by patients, and to gain insight into actionable items to improve patients' experiences at the OSUMC Medical Center.

Qualitative information (verbatim) comes through one open-ended question: "Is there anything else that we could change that would have improved your stay here?" Patients'

responses are recorded and provided to OSUHS in monthly files, sorted by service and business unit area. Verbatim reports are distributed among administrators, managers and quality managers who review the information and share with staff as appropriate. Quality managers can and will review patients charts if verbatims contain information that, in their judgment, requires investigation.

The vendor – Catalina Marketing Research Inc. - determined face and content validity for the core OSUHS Questionnaire using a panel of experts. The instrument was tested at OSUHS Department of Quality and Operations Improvement for reliability using Crombach-Alpha, and for construct-validity using factor analysis. These are the results of validity and reliability tests for each of the main constructs:

Table 1: Validity and Reliability of OSUHS Patient Satisfaction Instrument

	Reliability	**Construct-Validity**
	Crombach-Alpha	Initial Eigenvalue, % of variance explained in overall satisfaction or overall related measure
Waiting	.84	71%
Admissions	.79	52%
Physicians	.92	57%
Nursing	.91	40%
Nutrition and Dietetics	.78	62%
Environment	.86	62%
Discharge	.86	48%
Teamwork	.91	61% (cumulative)
Pain	.67	65%
Safety	.89	52%

Source: OSUHS Quality and Operations Improvement (Patient Satisfaction)

Sample Size

The sample size for the OSUHS Patient Satisfaction survey was determined by using a .05 confidence level and a confidence interval of plus or minus eight. Currently approximately 3,000 patients are interviewed every quarter.

Method, Response Rate

The OSUHS Patient Satisfaction program uses telephone surveys. This method yields an average of 80% response rate. Patients are asked to rate several aspects of their experience with OSUHS using a 10-point scale, "1" being "Very Dissatisfied" and "10" being "Very Satisfied". The use of a 10-point scale allows the capturing of more subtle information pertaining to patients' perceptions of our services.

Reporting

The OSUHS Patient Satisfaction Program distributes Monthly and Quarterly Quantitative Data Reports, as well as *ad hoc* reports addressing specific information needs of different areas of the health system. Reports are distributed through physicians, managers and staff for analysis. Verbatim reports are also distributed among physicians, staff, and managers on a monthly basis. Over 100 individuals receive Patient Satisfaction Reports throughout the OSU Health System.

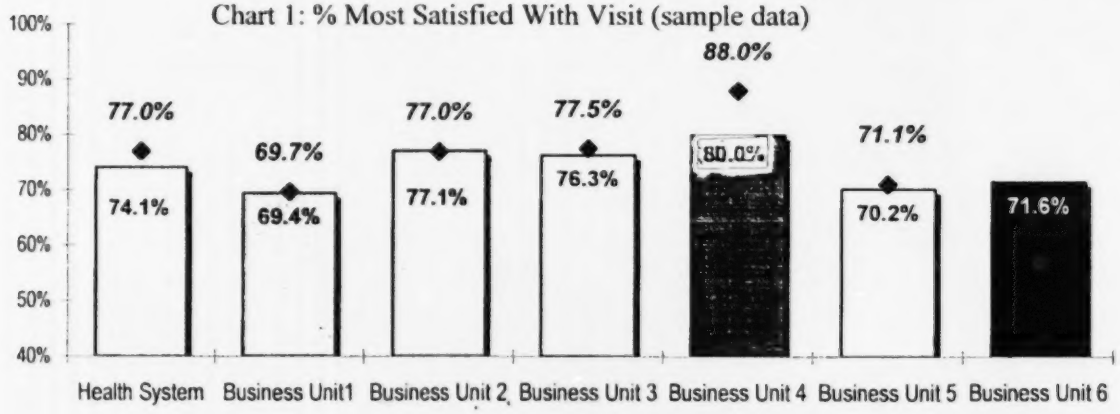
Reports Detailed

The OSUHS Patient Satisfaction monthly report displays high-level aggregated data on seven major indicators:

(1) Patients' overall satisfaction with experience
(2) Patients' willingness to recommend
(3) Overall satisfaction with physicians
(4) Overall satisfaction with Nursing
(5) Satisfaction with healthcare team communication
(6) Satisfaction with healthcare team coordination of care
(7) Satisfaction with pain management

Monthly data is reported on two levels: by health system and by business unit. The cover page contains snapshots of the current month as demonstrated below on Chart 1.

Chart 1: % Most Satisfied With Visit (sample data)



Source: OSUHS Quality and Operations Improvement (Patient Satisfaction)

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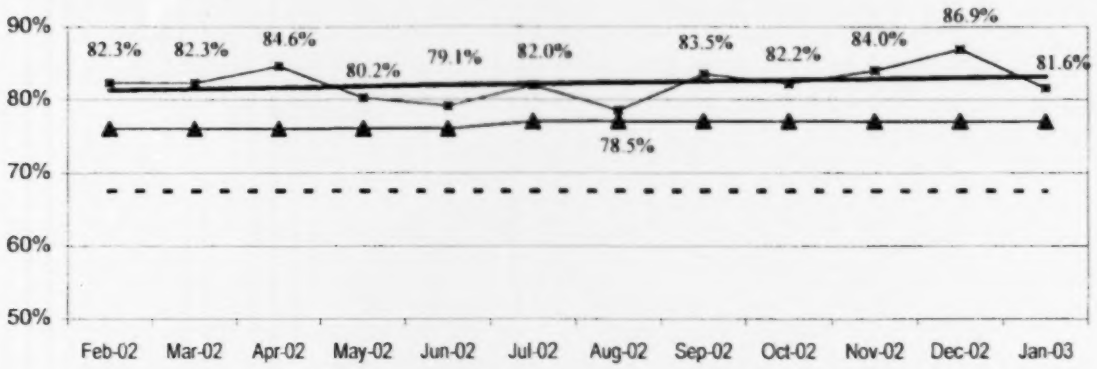
The following pages of the monthly report contain control charts for the health system and for each of the business units, as demonstrated on Chart 2 below.

Chart 2: Percent Most Satisfied with Visit

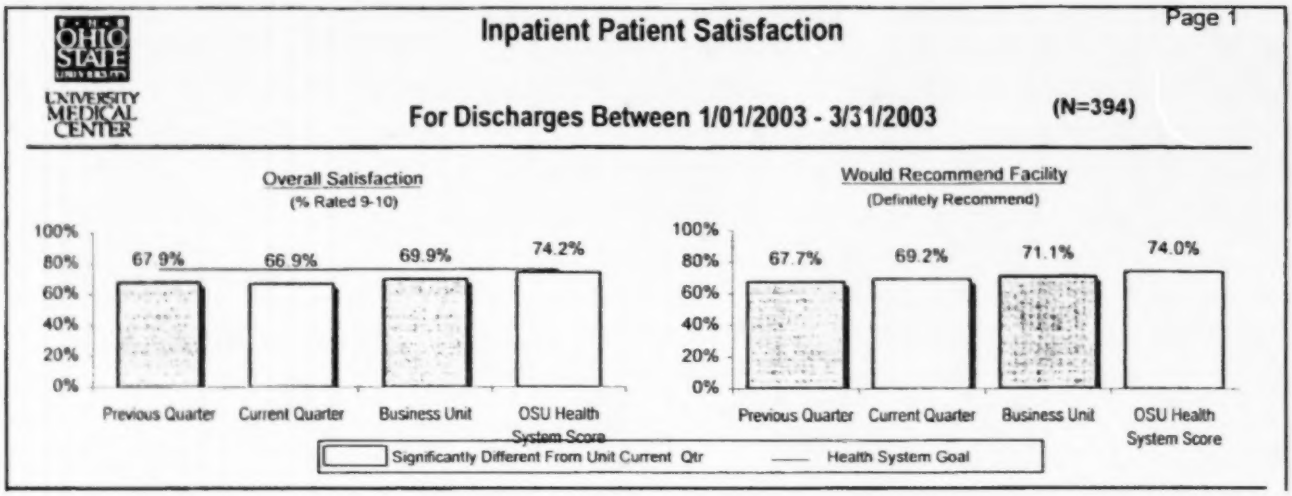


Source: OSUMC Quality and Operations Improvement (Patient Satisfaction)

Quarterly data is reported to nursing units and network offices. The cover page provides current quarter information as well as comparison with last quarter. Emphasis goes to "Overall Satisfaction" and "Willingness to Recommend" data for which information is provided to the pertaining business unit and the health system (Chart 3) with the following detail:

- Comparison with previous quarter
- Comparison with Business Unit performance
- Comparison with Health System performance
- Comparison with Health System target

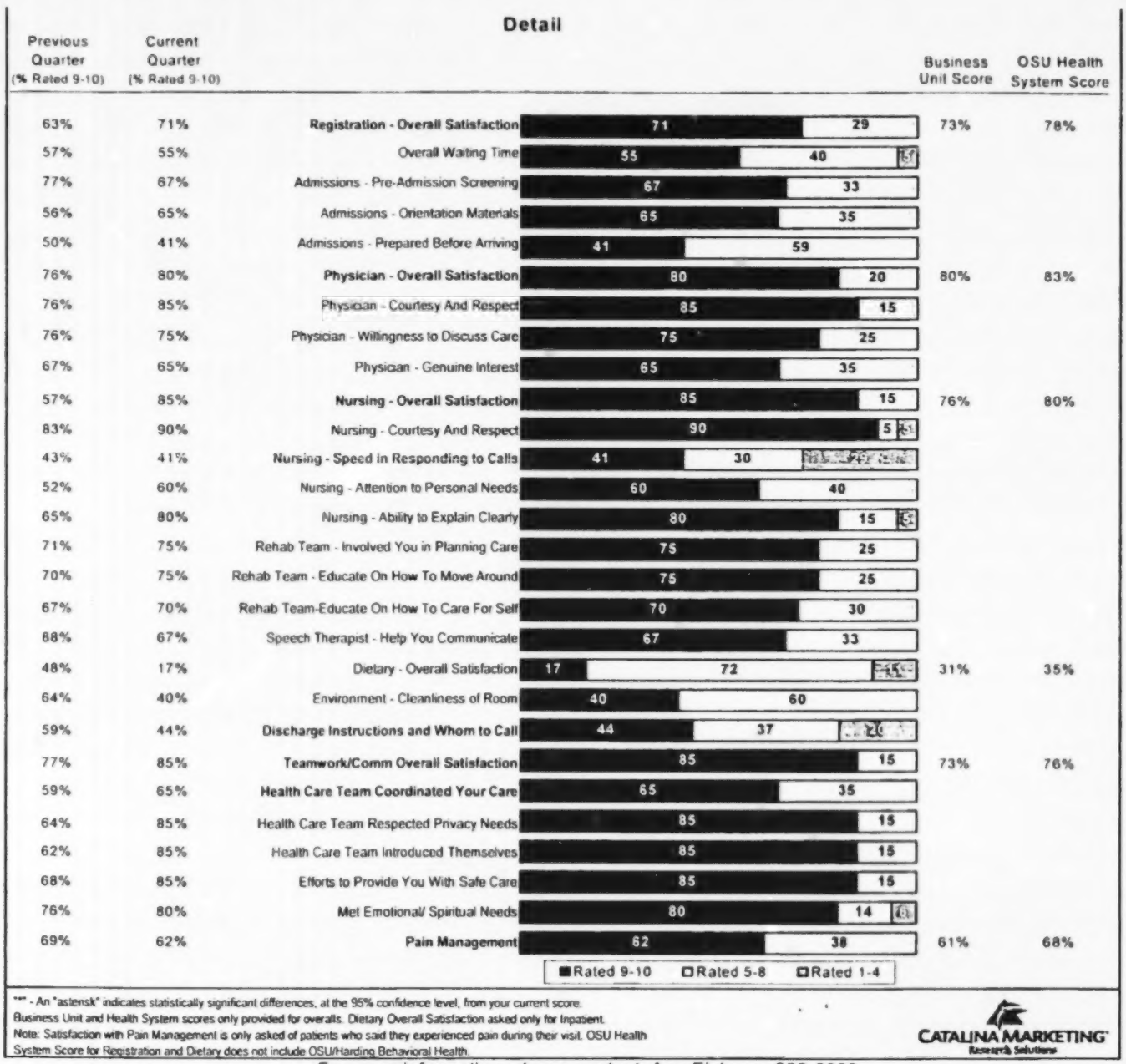
Chart 3: Top of Quarterly Report Cover Page



Source: OSUMC Quality and Operations Improvement (Patient Satisfaction)

Data is also detailed to scores distribution in the 10-point scale as displayed in Chart 4 below. Here, report recipients see information related to their nursing unit/network office on the highest correlates (in bold) with patient overall satisfaction with the experience, current quarter data, change from previous quarter, percent of respondents who rated measured variables 9 & 10; and percent of respondents "bottom box", i.e., those who rated measured variables less than five in the 10-point scale.

Chart 4: Quarterly Report Cover Page


Detail
Previous Quarter (% Rated 9-10)
Current Quarter (% Rated 9-10)
Business Unit Score
OSU Health System Score
63% 71% Registration - Overall Satisfaction 71 29 73% 78%
57% 55% Overall Waiting Time 55 40
77% 67% Admissions - Pre-Admission Screening 67 33
56% 65% Admissions - Orientation Materials 65 35
50% 41% Admissions - Prepared Before Arriving 41 59
76% 80% Physician - Overall Satisfaction 80 20 80% 83%
76% 85% Physician - Courtesy And Respect 85 15
76% 75% Physician - Willingness to Discuss Care 75 25
67% 65% Physician - Genuine Interest 65 35
57% 85% Nursing - Overall Satisfaction 85 15 76% 80%
83% 90% Nursing - Courtesy And Respect 90 5
43% 41% Nursing - Speed In Responding to Calls 41 30
52% 60% Nursing - Attention to Personal Needs 60 40
65% 80% Nursing - Ability to Explain Clearly 80 15
71% 75% Rehab Team - Involved You in Planning Care 75 25
70% 75% Rehab Team - Educate On How To Move Around 75 25
67% 70% Rehab Team-Educate On How To Care For Self 70 30
88% 67% Speech Therapist - Help You Communicate 67 33
48% 17% Dietary - Overall Satisfaction 17 72 31% 35%
64% 40% Environment - Cleanliness of Room 40 60
59% 44% Discharge Instructions and Whom to Call 44 37
77% 85% Teamwork/Comm Overall Satisfaction 85 15 73% 76%
59% 65% Health Care Team Coordinated Your Care 65 35
64% 85% Health Care Team Respected Privacy Needs 85 15
62% 85% Health Care Team Introduced Themselves 85 15
68% 85% Efforts to Provide You With Safe Care 85 15
76% 80% Met Emotional/ Spiritual Needs 80 14
69% 62% Pain Management 62 38 61% 68%
Rated 9-10
Rated 5-8
Rated 1-4
"*" - An "asterisk" indicates statistically significant differences, at the 95% confidence level, from your current score.
Business Unit and Health System scores only provided for overalls. Dietary Overall Satisfaction asked only for Inpatient.
Note: Satisfaction with Pain Management is only asked of patients who said they experienced pain during their visit. OSU Health System Score for Registration and Dietary does not include OSU/Harding Behavioral Health.
CATALINA MARKETING
Research Solutions

For more information, please contact: Ana Fishman 293-6309

Source: OSUMC Quality and Operations Improvement (Patient Satisfaction)

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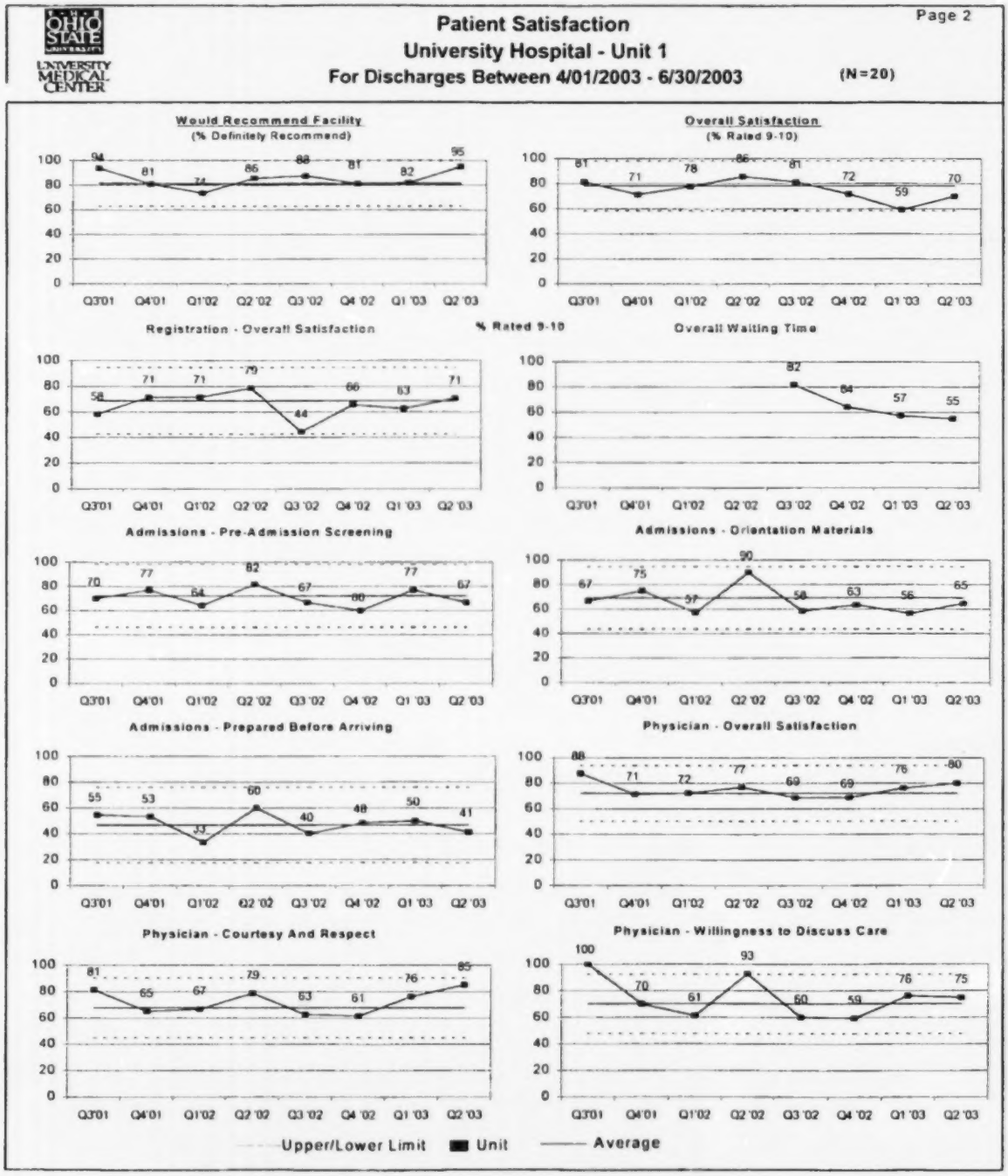
The following pages of the quarterly report contain control charts of all the variables measured as it applies to units of inpatients, outpatients, emergency patients, and patients of physician offices (Primary Care Network). Recipients of the quarterly report are encouraged to: (1) focus attention on detecting and monitoring process variation over time; and (2) separate and common cause variation from special cause variation. See Chart 5 below.

Chart 5: Quarterly report control charts.



The OSUHS Department of Quality and Operations Improvement has as a constant concern the full utilization of patient satisfaction data. To that end, the Quality Director and the Quality Manager for patient satisfaction are constantly participating in meetings, promoting continuing education opportunities for clinical and administrative managers, and facilitating analysis of patient satisfaction data. The Quality Director and the Quality Manager also work together in further examining data and detailing statistical analysis to provide insights for nursing units and medical services as per action plans to address patient satisfaction improvement initiatives.

The OSUHS Physicians Report

In the interest of providing usable information and addressing a perceived need of the physicians in the institution for specific and detailed data, the OSUHS Department of Quality and Operations Improvement designed a report for exclusive use of that population. Factors that impacted the creation and design of the report included: (1) hospital's administrative structure hierarchy; (2) inter-departmental sensitivity and confidentiality of the data; (3) concerns with sample size; (4) appropriateness of qualitative and quantitative format of data reports.

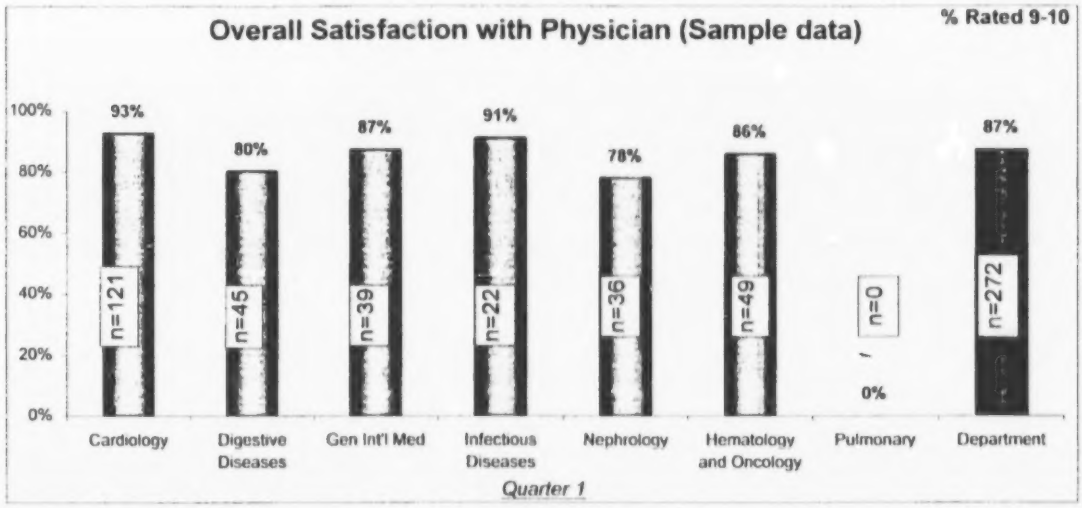
(1) Hospital's Administrative Structure Hierarchy
The tremendous liability involved in hospital and, for that matter any healthcare institution, operations requires a somewhat rigid hierarchy in decision-making processes. This hierarchy precludes any decision to be made on a one-level only basis. Cross-layered committees and boards meet regularly and extraneously to go over agendas that include high and low level issues. Extensive debate populates the meetings and timeliness is many times sacrificed in the name of thoroughness.

The creation of a new report, especially one addressing physicians' performance, was a project that evolved over the period of almost one year. In an environment where mistakes can cost lives, the attention to detail and perfection permeates every task, hence it was important that the physicians' report be edited, modified, and approved at many levels prior to its finalization and dissemination.

(2) Interdepartmental Information and Confidentiality of Data
Format and distribution of data needed to address the issue of sensitivity among professionals and departmental areas within the medical center. Being a medical, academic and research institution, there is too much at stake for healthcare professionals. To that end, it was decided that departmental chairs would receive an aggregated report including performance of each one of the relevant areas, and each division's head would receive only data pertaining only to that particular area. The medical center's clinical director is the only one with access to all the information. He is also the one who reviews, approves, and signs informational memos that accompany each quarterly report. Currently, the Physicians Report is distributed to three main departments, along with their respective divisions: Internal Medicine, Surgery, and Obstetrics and Gynecology. Specific reports are distributed to other areas such as: Anesthesiology, Family Medicine

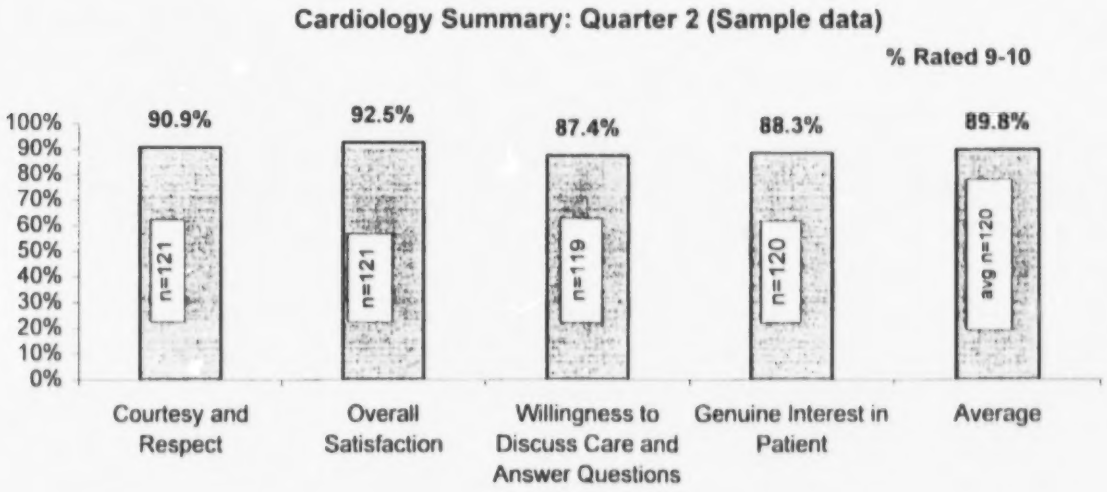
(Physician offices), Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Physical Medicine and Rehabilitation, and Radiation Oncology. Charts 6 and 7 show examples of graphs used to report data at departmental and division levels.

Chart 6: Department Level Reporting



Source: OSUMC Quality and Operations Improvement (Patient Satisfaction)

Chart 7: Division Level Reporting



Source: OSUMC Quality and Operations Improvement (Patient Satisfaction)

(3) Concerns with sample size

When the Leadership Council for Clinical Value Enhancement approved the OSUHS patient satisfaction survey, the reporting focus was on a business unit, rather than a clinical level. Even with the evolution of the survey sample size to address increasing discharge numbers, sample sizes for medical specialties are still, in many cases, significantly less than adequate. This concern was addressed by a quality decision of reporting division's data only when sample size reached at least 30 surveys per quarter. Reports started depicting cumulative data each quarter up to the end of the fiscal year.

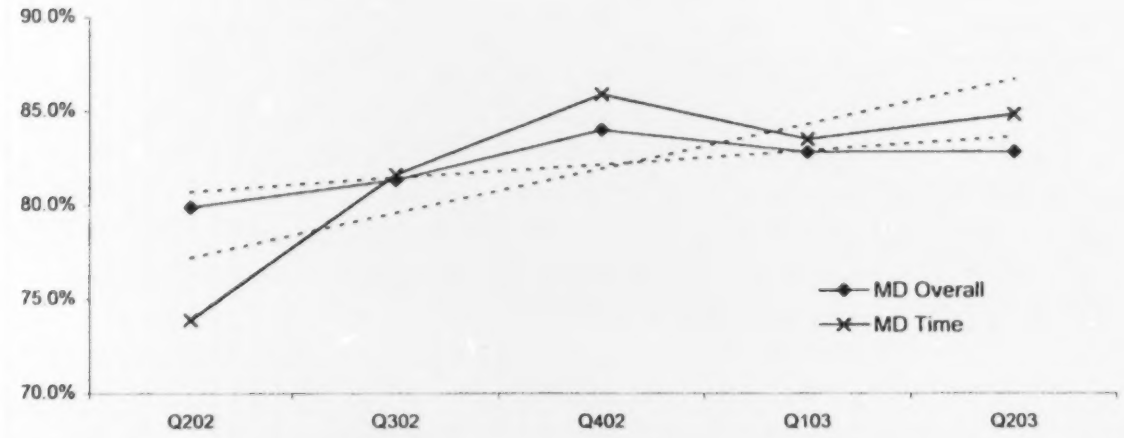
(4) Appropriateness of qualitative and quantitative format of data reports

To maximize the usefulness of the report, it was decided that the Physicians' Report would contain information only on the four variables of the OSUHS patient satisfaction survey that specifically measure physicians/patients interaction: (1) Overall satisfaction with physician: (2) physician courtesy and respect; (3) physician willingness to discuss care and answer questions; and (4) physician genuine interest in patient. For the qualitative data, special database and report formatting were implemented in order to assure the distribution of valid and pertinent information. Verbatims were now selected and reported only when there was a specific mention of doctors, interns, students, and any medical interactions.

Impact of the OSUHS Physicians Report

The first OSUHS Physician Report was released in October 2002, reporting on data pertaining to fiscal year 2002 (July 2001 through June 2002). Since then, four other quarterly Physician Reports were produced and distributed, one for each of the quarters of fiscal year 2003. Through this time and across the OSUHS, patients overall satisfaction with physicians has increased and is trending upwards. See Chart 8 below.

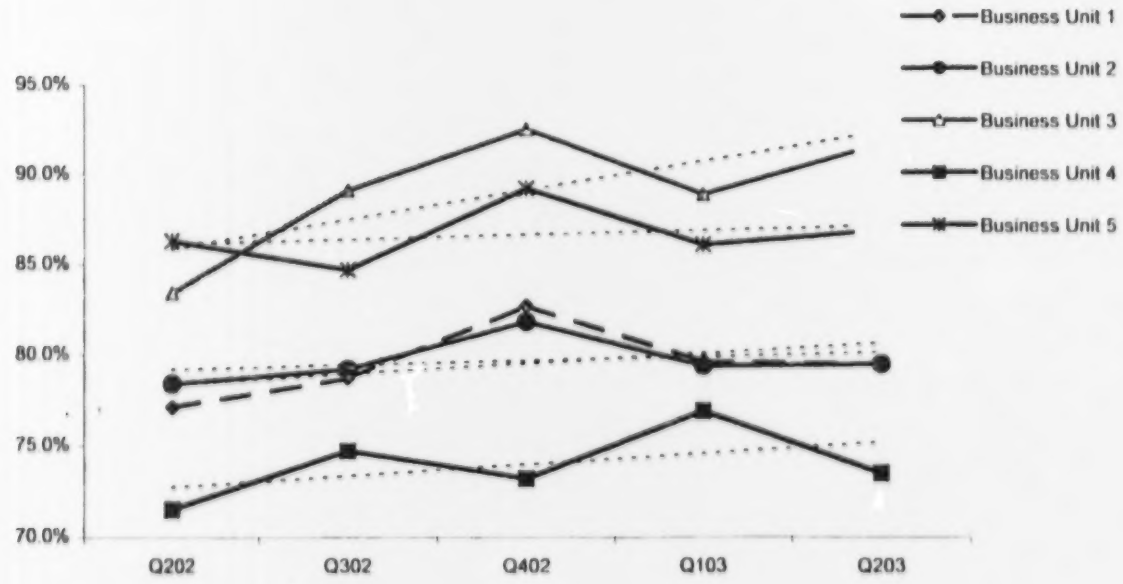
Chart 8: OSUHS Improvement in Satisfaction with Physician: Health System level.



Source: OSUHS Quality and Operations Improvement (Patient Satisfaction)

The same is true for OSUHS business units, where there is evidence of improvement in overall patient satisfaction with physicians for the same one-year period, as demonstrated by Chart 9 below.

Chart 9: OSUHS Improvement in Overall Satisfaction with Physician: Business Unit Level



Source: OSUHS Quality and Operations Improvement (Patient Satisfaction)

Insights

The charts above illustrate a consistent and lasting improvement in patient satisfaction with OSUHS physicians. They could also evidence that patient satisfaction data reporting has increased medical staff's awareness of the impact of their behavior in how patients perceive their medical care experience at OSUHS. Proof that patient satisfaction data is being more utilized is provided by on-going discussions about sample size, data validity, and frequent requests for data detailing. Efforts have existed and will continue to exist aiming at expanding OSUHS medical and administrative staff's knowledge and understanding of some important statistical analysis as related to patient satisfaction, but there is still room for growth in this area at OSUHS. Issues with data utilization will be eased as more staff has access to the reports. This area has been also a focus of constant evaluation and updating of the OSUHS Quality Director and Quality Manager with patient satisfaction.

Other factors that could be impacting the growing use of patient satisfaction data at OSUHS are as follows:

(1) OSUHS administrative targets set for patient satisfaction measures
(2) Increase in continuing education opportunities at OSUHS on how to read, interpret, and use patient satisfaction reports to nurse and administrative managers
(3) Proactive approach of OSUHS quality director and quality manager for patient satisfaction in offering data detailing opportunities for medical staff managers and physicians as needed
(4) Increased awareness at OSUHS of healthcare trends nationally and locally, in which patients' loyalty is becoming a factor for business survival
(5) Others?

There has been a growing request that patient satisfaction data be provided in a timelier manner, so that desirable changes in behavior and management can be implemented before scores decrease significantly. This author believes that this trend is the result of the increasing demand for patient satisfaction improvement at OSUHS, which is taking its toll in many medical service areas and nursing units.

On another front and despite the advantages of the phone survey method currently used at OSUHS, new methods of patient satisfaction data collection are being studied. One which seems particularly promising, is the use of a hand-held equipment that would collect and send daily information to a vendor, with reports becoming immediately available through websites. The problem with data collection inside the healthcare institution is the risk of bias based on staff preferences when handling the surveys; and bias in patients' response if having to complete a survey while still inside the healthcare institution. Patients could be (1) influenced by the staff member who handles the survey, (2) restrained from reporting bad experiences; or (3) denied a survey because of being perceived by staff as being difficult. Carey (1999) reported the possibility of inflated

responses and unusable data when patient satisfaction data is collected "in-house". There is evidence that patients will tend to rate satisfaction higher with their medical care while they are inside the institution than they would otherwise, if responding a survey in the safety of their own home.

There is a sure advantage for both sides – medical and social sciences research – to collaborate when the issue at hand is patient satisfaction. Some of the highest correlates with patient overall satisfaction are variables such as "communication from the healthcare team" and "coordination of care". Research and healthcare institutions such as OSUHS are still to define with certainty how these variables can be securely translated into actions and behaviors to be practiced by the medical staff, in ways that convey to patients the "feeling" that they received appropriate and satisfactory communication and their care was well coordinated. Specific studies in that direction are been conducted at OSUHS and other institutions to further understanding of these variables.

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